Advisory

Department of Mental Health
February 2, 2016

COMMISSIONER'S MESSAGE

As recently announced, the Governor is supporting a focus on active treatment and the timely use of medication for individuals who are involuntarily hospitalized when it is the recommended best practice for their illness. It goes without saying that timely treatment for an acute health condition leads to better outcomes for an individual and a better course of recovery over time for them. As the State Mental Health Authority, DMH has an obligation to advocate for equitable treatment measures being provided for individuals with acute mental health conditions on par with individuals treated for acute physical health conditions. While the majority of individuals are effectively treated without court-ordered medication as a component of treatment, there is a small subset of individuals who are not well served when clinically recognized and timely treatment is delayed. I realize that this is not an issue without controversy or void of strong viewpoints and opinions. Nonetheless, DMH has the responsibility to keep this issue in the forefront of health care and reform efforts identifying system needs and shortcomings and striving to provide better care outcomes for individuals placed in our care and custody. Together we will continue to tackle these complex issues and seek the right balance, while safeguarding the quality of health care for individuals treated by our state's public mental health care system.

--- Frank Reed, Commissioner

LEGISLATIVE AND REGULATORY

- **DMH Seeks Public Input on Proposed Changes to Involuntary Treatment Law (Title 18)**
  The Department of Mental Health (DMH) is recommending changes to Vermont's Involuntary Treatment Law in support of the Governor's priority this legislative session to advance timely treatment for individuals who are involuntarily hospitalized and medication is the recommended best practice for their illness. DMH is seeking public input on the current legal proceedings and time frames for both providing timely treatment and safeguarding individual rights and protections in the process. DMH will host a meeting on February 9th from 9:00 am to 10:30 am at the Waterbury State Office Complex (208 State Drive, Waterbury) to solicit input from interested parties.

  If you are interested in attending the meeting and/or receiving a copy of the proposed changes when available, please contact Jennifer Rowell at the Department of Mental Health at Jennifer.Rowell@vermont.gov or 802-241-1037. The proposed changes can be

found in the *FY2017 Governor's Proposed State Budget – January 2016* (*http://www.leg.state.vt.us/jfo/appropriations/fy_2017/FY%202017%20Big%20Bill%20%20-%20Language.pdf)* starting on page 44 and ending on page 48.

PUBLIC INPUT: Proposed Changes to Vermont's Involuntary Treatment Law

DATE: February 9, 2016

LOCATION: Oak Conference Room – Waterbury State Office Complex
2nd Floor – 208 State Drive, Waterbury, Vermont

TIME: 9:00 – 10:30 AM

- **Implementation of Act 79: Report to the Legislature**
  The mental health system of care is stronger today as a result of initiatives, investments, and innovations brought together in Act 79 of 2012, the comprehensive policy framework that charted a new course of programs, services, and facilities in mental health for adults. Act 79 was built on existing values and principles, research and data, experience and knowledge of the Vermont mental health community. It is essential that policy makers oversee the implementation of these changes, understand how the system is working, and assess its effectiveness, cost, and sustainability. The Department of Mental Health issued its annual Act 79 report to the Legislature on January 15, 2016, to fulfill this requirement. Ongoing quality and evaluation activities, data gathering and analysis, national outcome measures and comparisons, restructuring within DMH, and more are in this resource.
  http://mentalhealth.vermont.gov/sites/dmh/files/2016_ACT_79_Report.pdf

- **Department of Mental Health Testimony**
  During the legislative session, DMH is invited to comment on a wide range of bills, including the budget, safety concerns of social workers, requirements that could impact nonprofit organizations, mental health integration in health care reform, tobacco use in health care facilities, restrictions on gun purchases, and other concerns that are directly or even tangentially connected to our responsibility as the State's mental health authority. The website of the General Assembly has been greatly expanded and revamped to serve as a primary resource to track bills, obtain copies of handouts, documents and written testimony of all committees, the legislative calendar, floor times, committee agendas, and more. It is worthwhile to familiarize yourself with all that can be found starting on the home page: http://legislature.vermont.gov/

- **Mental Health Advocacy and Awareness**
  Advocates, peers, family members, mental health professionals and providers across Vermont help to raise awareness among our citizen legislators by sharing their own experience with Vermont's mental health system of care.

Recovery Day on **February 17** is a tradition of PEAR People Education Advocacy Recovery (formerly Vermont Association of Mental Health and Addiction Recovery).

This year's **Mental Health Advocacy Day** on **March 17** is being organized by the National Alliance on Mental Illness of Vermont (NAMI Vermont) in partnership with Vermont Care Partners and the Vermont Association for Mental Health and Addiction Recovery, i.e. PEAR People Education Advocacy Recovery. Groups and individuals with keen interests in issues before lawmakers will bring their concerns to the Statehouse.

PROMOTING HEALTH, WELLNESS AND RECOVERY

- **Reducing Tobacco Use in Health Care Facilities**
  Vermont is part of a national effort by a number of states to address disparate tobacco use by people diagnosed with substance abuse and mental health disorders. The Department of Health's tobacco control program, in collaboration with colleagues from alcohol and substance abuse treatment and mental health programs, have been working to create tobacco-free treatment facilities. On July 1, 2015 preferred provider outpatient facilities implemented tobacco free campus policies and began integrating cessation into treatment plans; residential facilities followed suit on January 1, 2016. A handful of facilities received press coverage including the Howard Center and Lamoille County Mental Health. An independent evaluation is underway of successes and challenges to date, and a brief summary results will be shared in a future issue of the *Advisory*. Meanwhile, webinars and other resources are available for facilities and treatment centers at ADAP's website (Alcohol and Drug Abuse Programs, Vermont Department of Health) under Tobacco Free Treatment Facility Resources.

  In 2011, a national survey of substance abuse treatment centers found that the New England area had the highest rate of tobacco treatment; this indicates that our region has been an early adopter, at least among substance abuse centers. A more recent and comprehensive survey, Overview of state policies requiring smoking cessation therapy in psychiatric hospitals and drug abuse treatment centers, was conducted in all 50 states to assess their tobacco policies in treatment and mental health facilities. The survey's

purpose was to assess if states have state-level requirements for tobacco treatment in psychiatric hospitals, mental health facilities and drug abuse treatment centers:

- 13 states require provision of tobacco cessation as part of state licensure or funding requirements for either substance abuse, mental health or both. Vermont is listed as requiring tobacco free grounds and integration of tobacco treatment of substance abuse (preferred) providers (as of Oct 2014).
- 6 states are working toward state-level requirement(s).
- 31 states do not have state-level requirements, but more than a handful of these states have mental health and substance abuse treatment facilities that have requirements or policies:
  - Alaska requires all behavioral health providers to be accredited by the Joint Commission, which requires having to use quality measures requiring screening and treating tobacco.
  - Arizona's policies include 20 feet from building smoking restriction among its facilities.
  - Georgia has a tobacco-free policy requirement for all mental health facilities.

- **Diabetes and Medications for Mental Health**

Increased obesity prevalence leads to a rise in diabetes and heart disease. Obesity is also one of the most common comorbidities of psychiatric disorders such as bipolar disorder, schizophrenia, and depression/anxiety. The *Advisory* invited Robin Edelman, MS, RD, CDE, Vermont Department of Health, to share her expertise on diabetes with readers.

Do medications for psychiatric disorders further complicate the matter by causing weight gain or glucose intolerance? This article addresses what we know and suggests what we can do to treat psychiatric disorders without fueling obesity and diabetes.

There are options for medications used to treat bipolar disorder. Some increase appetite or cause metabolic changes associated with weight gain. The weight-related side effects as well as the effectiveness of the medications in treating bipolar disorder vary among individuals. This 2015 brief article from the Mayo Clinic contains details about the mood stabilizers, antipsychotics, and antidepressants used to treat bipolar disorder and whether or not they promote weight gain: http://www.mayoclinic.org/diseases-conditions/bipolar-disorder/expert-answers/bipolar-medications-and-weight-gain/faq-20058043

The obesity rate in people with schizophrenia is four to five times greater than in the general population for several reasons, including metabolic changes related to use of second-generation antipsychotics. Approximately 40 percent of patients with schizophrenia are taking second-generation antipsychotics and that about half of them have diabetes. This article presents an approach that is being used to address prevention and management of weight gain in association with antipsychotic medications to treat schizophrenia: http://www.medscape.com/viewarticle/825873.

Up to 25 percent of people who take antidepressants gain weight. Popular SSRIs (selective serotonin reuptake inhibitors) such as Lexapro, Paxil, Prozac, and Zoloft have been associated with weight gains of 10 pounds or more. Other antidepressants: tricylics

(Elavil and Tofranil) and MAO inhibitors (Parnate and Nardil) have weight-gaining effects. Switching to a medications such as Effexor or Serzone, not associated with weight gain, may help. Likewise Wellbutrin has been shown to cause weight loss. This article presents practical tips for prescribing providers and advice to promote diet and exercise at the start of antidepressant medication to prevent unwanted weight gain as the medications take effect: http://www.webmd.com/depression/features/antidepressants-weight-gain.

While monitoring body weight is important, measuring waist circumference is another measure that helps assess weight changes without using scales. The risk of diabetes and cardiovascular disease increases with a waist measurement greater than 35 inches in women or greater than 40 inches in men.

Vermonters are fortunate to have options for free self-management programs that help with diabetes prevention and management. The YMCA Diabetes Prevention Program and the Healthier Living Workshop for Diabetes are available statewide. (You don't need to attend at a YMCA). More information about nearby programs is available at http://myhealthyvt.org. Also, Vermont women aged 30 plus can learn if they qualify for Ladies First, which includes coverage for free participation in weight management programs such as Weight Watchers, Curves Complete, and TOPS (Take Off Pounds Sensibly). Women can learn about their eligibility at this web site: http://ladiesfirstvt.org/eligibility/ and apply to participate at: http://ladiesfirstvt.org/wp-content/uploads/sites/6/2015/05/LF-ApplicationPacket-fillable1.pdf.

WATERBURY STATE OFFICE COMPLEX

- **DMH Has Moved to Waterbury**

  Speaking for the employees of the Department of Mental Health, Commissioner Frank Reed reflected on how good it feels to be moved into the new Waterbury State Office Complex. The sheer beauty and functionality of the space is extraordinary. DMH was fortunate to be second to move a few weeks after the Department of Corrections. We are on the second floor, North Side, in the front of the building adjacent to the atrium over the expansive lobby. Elevators are on one side of the lobby while the beautiful mural depicting the history and purpose of the original building graces the stairs on the opposite side. Whichever way you go DMH is a few steps ahead and left to our office space. Staff quickly unpacked and got down to their jobs as the planning and implementation of the move went smoothly. We all have new phone numbers beginning with 802-241-____. Email remains the same: firstname.lastname@vermont.gov Parts of Vermont Health Access (DVHA) and Disabilities, Aging and Independent Living (DAIL) have moved. Remaining departments and the Secretary's office will move week by week, including the Legal Unit of DMH, which will be co-located with the Assistant Attorneys General for all of AHS.

Security of the building requires *everyone* other than those who work here to show their ID and be cleared to enter, including visitors and other State employees. A café on the second floor is open and getting to know its clientele, offering special menus every day.

- **Sally Fox Conference Center**
  DMH is excited to show our partners the new office environment, and to host meetings in accessible, comfortable conference rooms, many with beautiful views. The array of conference spaces, named the Sally Fox Conference Center, was dedicated on January 29th before a crowd of about 300 people gathered to remember and honor the late Senator Sally Fox who had dedicated her professional life to public service, to the needs of people with disabilities and challenges at the heart of the Agency of Human Services' mission. We look forward to seeing you!

STAFF ANNOUNCEMENTS

- **Valerie Wood, Ph.D.** is the new Chief of Research & Statistics for the Department of Mental Health. Valerie comes to the position with a Bachelor of Arts degree in Psychology from Stockton University, where she graduated summa cum laude, and with a Master's of Science and Ph.D. in Applied Social Psychology from Colorado State University. While completing her Ph.D. program, Valerie specialized in personality psychology, conflict resolution, positive youth development, statistics, and research methods. Valerie moved to Vermont two years ago, with her husband and two children, to work in Vermont's state government for DCF-Family Services as a Quality Assurance Coordinator. During her time with Family Services, Valerie helped oversee the successful implementation of the federal Child and Family Services Review (CFSR), and assisted in laying the foundation for a statewide continuous quality improvement system. Valerie looks forward to using her experience from her previous role, and her extensive knowledge of research and statistical methods, to improve the data reporting systems and processes here at DMH. Outside of the office, Valerie enjoys spending time with her husband and two children (ages 3 and 5), as well as getting together with friends for board games and potlucks.

  As part of the Research and Statistics Unit, Valerie oversees a team of five talented individuals:

  Sheila Leno, M.S. is the team's Mental Health Analyst III. Sheila has a Master's degree in Biostatistics and has been with the team for approximately 10 years. Sheila is the lead analyst on projects such as the monthly MSR file and AIT file, annual Master Grant file, EE Forensic Report, CRT Survey, and Act 79 report, just to name a few. When she's not hard at work analyzing data for DMH, Sheila plays in a volleyball league, enjoys reading, and watching her two boys (ages 4 and 6) play ice hockey.

  Chris Donnelly, Ph.D. is the team's Mental Health Analyst II. Chris recently earned his Ph.D. from University of Connecticut in Sociology, with specializations in Social Psychology and Deviance. Chris has been with the team for about 1 year, and in that time has become the expert on the EIP report, CRT Inpatient report, BI/ASEBA report, and tackles many of the specialized ad hoc requests that come to the team. At the end of the workday, Chris enjoys spending time outdoors, taking in a performing arts show, and cheering on the Bruins.

  Cindy Chornyak, M.S. is one of the team's Mental Health Analyst I. Cindy has a bachelor's degree in Psychology, a Master's of Science degree in Educational Research from Florida State

University, with an emphasis in Testing and Measurement, and is ABD (all but dissertation) in their Ph.D. program. Prior to joining state government, Cindy worked for several state agencies in Florida where she conducted data analysis, and managed educational and professional licensure testing programs. Cindy has been with the Research and Statistics team for a little over 3 years. As a sample of her work, she is the primary analyst on the monthly Core Data Elements report, Wait Time Reports, Snapshot report, as well as the annual Statistical Report, and URS report. Cindy loves college football, and enjoys cheering on the team of her alma matter, the Florida State Seminoles.

Keith Goslant is also a Mental Health Analyst I, and specializes in change management. Prior to working for DMH, Keith was the Patient Benefits Specialist for the State Psychiatric Hospital. Keith continues to work closely with the statewide mental health facilities, and is the team's resident specialist on PsychConsult, Electronic Bed Board reporting, Emergency Department Wait Times, and Occupancy Reports. Keith is also part of the core team that is overseeing the transition to the electronic health records system at VPCH. Outside of the office, Keith enjoys photography, kayaking, and spending time in nature.

Jessica Whitaker is a Program Technician II, and splits her time between the R & S team, and the Child, Adolescent, and Family Unit (CAFU). Jessica handles CRT client enrollment, works with the DAs on troubleshooting the MSR files, and updates the DMH website. She is currently on maternity leave, and anticipates transitioning back to her dual roles sometime in January.

The R & S team strives to assist all of DMH with their data analysis and reporting needs, and is proud to contribute to a culture of informed, data-driven decision making here at the department.